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April 3, 2006

**CORPORATION NAME (S) AND DOCUMENT NUMBER(S)**

C.Hammock Groves Limited Partnership

**Filing Evidence**

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include  
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
	Profit
	Non Profit
	Limited Liability
	Domestication
X	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

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 TALLAHASSEE, FLORIDA

CERTIFICATE  
OF  
LIMITED PARTNERSHIP  
**C. HAMMOCK GROVES LIMITED PARTNERSHIP**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act of 2005, hereby state the following as the **CERTIFICATE OF LIMITED PARTNERSHIP**

ARTICLE 1  
NAME OF THE LIMITED PARTNERSHIP

The name of the Limited Partnership is <sup>C.</sup><sub>^</sub> **HAMMOCK GROVES LIMITED PARTNERSHIP.**

ARTICLE 2  
REGISTERED OFFICE AND AGENT

The address of the registered office and the name and address of the registered agent for service of process is:

Agent: THOMAS A. SPEER	Street: 113 Magnolia Avenue City: Sanford, FL 32771
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The registered agent is an individual who is a resident of Sanford, Florida and whose business office is the same as the Partnership's registered office.

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

ARTICLE 3  
PRINCIPAL OFFICE

The mailing address of the principal office in the United States where the records of the Partnership are to be maintained is:

c/o: W. REX CLONTS, JR.	Street: 146 Hillcrest Avenue City: Oviedo, FL 32765
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The records maintained and to be maintained at this office are those prescribed by § 620.106 of the Florida Revised Uniform Limited Partnership Act.

ARTICLE 4  
NAME, ADDRESS OF THE GENERAL PARTNER(S)

The names, the mailing addresses, and the street addresses of the business of the General Partner is:

CLONTS ESTATE REDUCTION TRUST DTD 11/26/94	Street: C/O W. Rex Clonts, Jr., Trustee, 146 Hillcrest Avenue City: Oviedo, FL 32765
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ARTICLE 5  
RETURN OF CAPITAL

Except as specifically provided in the Agreement of Limited Partnership, no Partner shall be entitled to demand or receive the return of his, her or its original capital contribution.


ARTICLE 6  
LIMITED PARTNERSHIP TYPE


If limited partnership elects to be a limited liability limited partnership, check box

ARTICLE 7  
AUTHORITY TO EXECUTE AND FILE THIS CERTIFICATE

The General Partner acknowledges and states that he/she is authorized to execute and file this Certificate for and on behalf of the <sup>2</sup>HAMMOCK GROVES LIMITED PARTNERSHIP.

EXECUTED this 28 day of February, 2006.

  
W. REX CLONTS, JR., TRUSTEE OF CLONTS  
ESTATE REDUCTION TRUST DTD 11/26/94  
General Partner

  
C. LEE CLONTS, TRUSTEE OF CLONTS ESTATE  
REDUCTION TRUST DTD 11/26/94  
General Partner